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# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: <u>09855</u>863

#### **Total Fee Calculation**

| •                       | Fee Code | Total<br># Claims | Number<br>Extra | x | Fce        | Fee = To   |
|-------------------------|----------|-------------------|-----------------|---|------------|------------|
|                         | Sm./Lg.  |                   | •               |   | Sm. Entity | Lg. Entity |
| Basic Filing Fee        | 201/101  |                   |                 |   |            | 710 - 710  |
| Total Claims >20        | 203/103  | 20                | 28              | x |            | .18 = 504  |
| Independent Claims >3   | 202/102  | -3 =              | 6               | x | . 1        | 80 - 48 C  |
| Mult. Dep Claim Present | 204/104  |                   |                 |   | ·<br>•     | 270        |
| Surcharge               | 205/105  |                   |                 |   |            | <u> </u>   |
| English Translation     | 139      |                   | ₹ .             |   |            | ·          |

#### TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = 
$$\frac{1964-00}{1892-00}$$
Less Filing Fees Submitted -\$  $\frac{1892-00}{1892-00}$ 
BALANCE DUE =\$  $\frac{72.00}{1892-00}$ 

Office of Initial Patent Examination

### PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |             |   |               |                      |                                 |                  | SMALL ENTITY TYPE |                     |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|-------------|---|---------------|----------------------|---------------------------------|------------------|-------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |             | 44  |               |                      |                                 |                  | RATE              | FEE                 |                        | RATE                       | FEE                 |                        |
| FOR  |             | NUMBER FILED                              |               | NUMBER EXTRA         |                                 |                  | BASIC FEE         | 355.00              | OR                     | BASIC FEE                  | 710.00              |                        |
| TOTAL CHARGEABLE CLAIMS 40   |             |   | $4\rho_{min}$ | ıs 20=               | • 26                            | 9                |                   | X\$ 9=              |                        | OR                         | X\$18=              | 43A                    |
| INDEPENDENT CLAIMS   |             |   | us 3 =        | * 6                  |                                 |                  | X40=              |                     | OR                     | X80=                       | 480                 |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |             |   |               |                      |                                 |                  | +135=             |                     | OR                     | +270=                      | Q7-0                |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |             |   |               |                      |                                 | •                | TOTAL             |                     | OR                     | TOTAL                      | 12.92               |                        |
| CLAIMS AS AMENDED - PART II  |             |   |               |                      |                                 |                  | SMALL E           | NTITY               | OR                     | OTHER<br>SMALL I           |                     |                        |
|  | TO ALCOHOLD | (Column 1)<br>CLAIMS                      |               |                      | mn 2)<br>HEST                   | (Column 3)       | 1                 |                     | ADDI-                  | )<br>                      |                     | ADDI-                  |
| AMENDMENT A  | 43          | REMAINING<br>AFTER<br>AMENDMENT           |               | PREVI                | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA |                   | RATE                | TIONAL<br>FEE          |                            | RATE                | TIONAL<br>FEE          |
| Ž<br>Q   | Total       | *   | Minus         | **                   |                                 | =                |                   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| AME  | Independent | *   | Minus         | ***                  | T 01 A114                       | =                |                   | X40=                |                        | OR                         | X80=                |                        |
|  | FIRST PRESE | NTATION OF M                              | ULTIPLE DEP   | ENDEN                | 1 CLAIM                         |                  | J                 | +135=               |                        | OR                         | +270=               |                        |
| •  |             |   |               |                      |                                 | •                | İ                 | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |             | (Column 1)                                |               | (Colu                | ımn 2)                          | (Column 3)       |                   | ,                   |                        |                            |                     |                        |
| ENT B  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>IOUSLY<br>O FOR | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW  | Total       | *   | Minus         | **                   |                                 | =                |                   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| <b>AMENDMENT</b>   | Independent | *   | Minus         | ***                  | T OL A184                       | <u> </u> =       |                   | X40=                |                        | OR                         | X80=                |                        |
| L  | FIRST PRESE | NTATION OF M                              | ULTIPLE DEP   | ENDEN                | I CLAIM                         | ,                | ָ<br>֭֡֡֝֞֝֡֡     | +135=               | :                      | OR                         | +270=               |                        |
|  |             |   |               |                      |                                 |                  |                   | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |             | (Column 1)                                |               | (Colu                | ımn 2)                          | (Column 3)       |                   |                     |                        |                            |                     | !                      |
| ENT C  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIG<br>NUM<br>PREV   | HEST<br>MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON  | Total       | *   | Minus         | **                   |                                 | =                | ]                 | X\$ 9=              |                        | OR                         | X\$18=              | ij                     |
| AMENDMENT  | Independent | *   | Minus         | ***                  | IT OL AIRA                      | =                | 4                 | X40=                |                        | OR                         | X80=                |                        |
|  | FIRST PRESE | ENTATION OF N                             | OLITE DE      | ENDER                | IT CLAIM                        |                  | J                 | +135=               |                        | OR                         | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |   |               |                      |                                 |                  |                   |                     |                        |                            |                     |                        |